

Town of Easton, Maryland Easton Affordable Housing Program (EAHP)

14 South Harrison Street Easton, MD 21601 (410) 822-2525 www.town-eastonmd.com



Renewal Application?Yes No

APPLICATION FORM

Please read the instructions. Complete <u>ALL</u> applicable blanks. The information will be used to determine your eligibility for the program; it will not be used to qualify you for mortgage financing. All information will be kept confidential.

THIS APPLICATION MUST HAVE PHOTOCOPIES OF THE FOLLOWING ITEMS ATTACHED (please check off each attachment – incomplete applications will be returned):

- Copies of your two most recent Federal Income Tax Returns together with all supporting schedules, attachments, and W-2 forms (*Electronic Summary, e-File, or TeleFax are not acceptable*). If this is a renewal, only the most recent year tax form and W-2 are required.
- Copies of the two most recent pay stubs for every wage earner in the household.
- Employment verification form for each wage earner in the household.

APPLICANT	Social Security Number:		
Name: Current Address:			
Current Address.			
Home Phone:	Work Phone:		
Employer:			
City/State:	Employer Phone:	Bonuses \$	
Current Base Salary: \$	Overtime: \$	Bonuses \$	
Other Income (explain and ve	erify):		
Alimony/Child Support Recei	ived? () Yes () No \$		
Email address:			
CO-APPLICANT*	Social Security Number:		
Name:			
Current Address:			
——————————————————————————————————————	Work Phone		
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Current Page Colory	O dim of the finance.	Bonuses \$	
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Other Income (explain and ve	mif.		
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Name	Relationship		Gender	Da	ate of Birth
	Head of Househo	old Male	Female		
		Male	Female		
		Male	Female		
		Male	Female		
		Male	Female		
		Male	Female		
Any dependent list	ed above who is 18 years of ag	Male ge or older must d	Female locument if he	/she is employe	ed or a studeni
Please complete the	e following to assist in the ana	lysis of the affirm	ative marketin	g of units unde	er this program
Race Category:	_AsianBlackl	HispanicWl	nite	Other	
•	one on this application has ov	-		,	· •
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